The weekly submittal of this form is required by 29 CFR Part 3.

WEEKLY PAYROLL REPORT

WISCONSIN DEPARTMENT OF TRANSPORTATION EC 674 1291

*Full name, address, and social security number must appear on the first payroll on which the employee's name appears.

** Fringe benefits may be reported on a supplementary page. Then the total hourly column is not applicable.

*** Include private work. **** If Operating Engineer or Laborer, include equipment or skill level of employee.

Payroll # Employer Name		State Project ID	С	Federal Project ID		County	Payroll Period Week Ending	Sheet #
A	Code and the attended Door						Week Ending	
Prime Contractor	Subcontractor Hired By:			(A) + (B) WAGES	1			
Enter information below on every individual that you employed on this project during the	DAILY HOURS WORKED S= Straight Time O=Overtime	TOTAL (A) BASIC	(B) BENEFITS HOURLY RATE FUND CASH	(-)	5104	FED WH ST WH	OTHER NE	T CHECK
report period	SU M TU W TH F SA	WEEKLY HOURLY HRS WORKED RATE	FUND CASH PAYMENT PAYMENT	TOTAL HOURLY RATE GROSS WAGES	FICA	FED WH ST WH	OTHER NE	
		HRS WORKED RATE	PAYMENT PAYMENT	HOURLY RATE SHOOT WILES			(SPECIFY) PAI	D #
Name	REFERENCED PROJECT		M	N Table				
Address City, Zip	S	┼┤J├┼┤L├		<u> </u>				
S.S.#	OTHER PROJECT					Q	R	2
Trade/Craft	S			P				_
ApprenticeYes No	0	K	†					
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City, Zip			†					
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Trade/Craft	S							
ApprenticeYes No	0							
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Trade/Craft	S							
ApprenticeYes No	0							
Name	REFERENCED PROJECT							
Address	S							
City, Zip	0							
S.S.#	OTHER PROJECT							
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